

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Bertie Co Registration District No. H088 State _____ Register No. 17
Township Mickew or Village _____ City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

W K Loylon
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married

16 Date of Death (month, day, and year) June 30 1924

5a If married, widowed, or divorced Husband of (or) Wife of _____

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to June 20 1924that I last saw h_____ alive on 11 26 1924

6 Date of Birth (month, day, and year)

and that death occurred, on the date stated above, at 7 P. m.

7 Age 87 years Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

8 Occupation of deceased

(a) Trade, Profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

(duration) yrs. mos. ds.

Contributory (SECONDARY)

(duration) yrs. mos. ds.9 Birthplace (city or town) Bertie Co
(State or country) NC

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Paul H. Huxford D._____, 19____ (Address) Shore

*State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Pete Loylon
(Address) _____19 Place of Burial, Cremation, or removal Bertie Co Date of Burial July 1 192415 Filed B. J. Huxford
REGISTRAR20 Undertaker J. H. Huxford
Address _____